



New Entity / Contractor Declaration (PI)

Insured Name: _____

Name of New Entity / Contractor: _____

Great to hear that you'd like to add a new entity or contractor to your Policy! So that we can ensure coverage is provided appropriately, there's just a few questions below that we need to ask.

1. What is the new entity or contractors name? _____

2. From what date do you require the new entity or contractor to be added to the Policy? ___/___/___

3. Has the new entity been acquired or is it newly created? _____

4. a) If acquired, please confirm the date of acquisition? ___/___/___ and;

b) Have you accepted the existing liabilities of the acquired entity? If so, please provide full details:

5. Are you wanting retroactive coverage for the New Entity / Contractor? No Yes If Yes, please provide details:

Activities and Services:

Important Note: Cover under this Policy will only provide cover for the activities and services as defined in the current Policy. If any other activities or services are required to be endorsed on this Policy, please provide full details below:





Income Details:

Please provide gross Fees/Turnover of the New Entity / Contractor:

Previous 12 months	Last 12 months	Next 12 months
\$	\$	\$

Claims Details:

After a full enquiry, I declare that I/We are NOT AWARE of:

- i) any claim made against the New Entity /Contractor and/or any of its principals, partners, directors or employees; or
- ii) any circumstance or incident that could give rise to a claim being made against the New Entity/Contractor and/or any of its principals, partners, directors, or employees;

whilst in this or any other business.

If the above statement is false, please detail below all claims, circumstances or incidents.

Date New Entity/Contractor was made aware of the claim, circumstance or incident	Claimant	Details of Claim or Allegation	Amount Claimed or Alleged to have been lost or suffered

I declare that I am authorised to complete this No Claims or Circumstances Declaration on behalf of the Named Insured and that, to the best of my knowledge and belief, the statements, and particulars in this No Claims or Circumstances Declaration are true and correct, and no material facts have been omitted or misrepresented. I undertake to inform Artisan Underwriting of any changes to material facts that occur before any insurance based on this No Claims or Circumstances Declaration is entered into or amended.

Name

Position

Signature

Date

